



## UNITED STATES PATENT AND TRADEMARK OFFICE

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Bib Data Sheet

|                             |   |              |                        |                                    |
|-----------------------------|---|--------------|------------------------|------------------------------------|
| SERIAL NUMBER<br>09/662,758 | FILING DATE<br>09/15/2000<br>RULE _____ | CLASS<br>704 | GROUP ART UNIT<br>2641 | ATTORNEY<br>DOCKET NO.<br>MR2867-2 |
|-----------------------------|---|--------------|------------------------|------------------------------------|

**APPLICANTS**

Shang-Che Cheng, Saratoga, CA ;  
 Alexandria Pressman, Saratoga, CA ;  
 Hong Zhang, Cupertino, CA ;  
 Pei Chiang Ma, Sunnyvale, CA ;  
 Shuan Zhang, Foster City, CA ;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLN CLAIMS BENEFIT OF 60/154,434 09/17/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 11/09/2000**

**\*\* SMALL ENTITY \*\***

|                                 |   |                        |                         |                       |                            |
|---------------------------------|---|------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR COUNTRY<br>CA | SHEETS<br>DRAWING<br>14 | TOTAL<br>CLAIMS<br>18 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                        |                         |                       |                            |
| Verified and Acknowledged       | Examiner's Signature _____ Initials _____   |                        |                         |                       |                            |

**ADDRESS**

Rosenberg Klein & Lee  
 3444 Ellicott Center Drive-Suite 105  
 Ellicott City ,MD 95070

**TITLE**

E-services translation portal system

|                               |   |  |
|-------------------------------|---|--|
| FILING FEE<br>RECEIVED<br>410 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                               |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|                               |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
|                               |   | <input type="checkbox"/> 1.18 Fees ( Issue )                   |
|                               |   | <input type="checkbox"/> Other _____                           |
|                               |   | <input type="checkbox"/> Credit                                |